

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # 497347**1. Entity Name
ANDY'S ASSURANCE AGENCY OF CAROL CITY, INC.Principal Place of Business
4817 NW 183RD ST
CAROL CITY FL 33055
Mailing Address
4817 NW 183RD ST
CAROL CITY FL 330552. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country3. Mailing Address
4817 NW 183RD ST
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0130234
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent****RODRIGUEZ LORETA**
1441 N FLAGLER ST.
MIAMI FL 33135 US**7. Name and Address of New Registered Agent**Name
RODRIGUEZ LORETA
Street Address (P.O. Box Number is Not Acceptable)
1441 W. FLAGLER ST.
City
MIAMI FL Zip Code
33135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **LORETA RODRIGUEZ****04/28/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	STD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LORETA	
STREET ADDRESS	1441 W FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ANDY	
STREET ADDRESS	1441 W FLAGLER ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, LORETA		
STREET ADDRESS	1441 W FLAGLER ST.		
CITY-ST-ZIP	MIAMI FL 33135		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RODRIGUEZ, ANDY		
STREET ADDRESS	1441 W FLAGLER ST.		
CITY-ST-ZIP	MIAMI FL 33135		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **LORETA RODRIGUEZ**

STD

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)